

RADON PROTECTION PROGRAM

Program Boundary Statement

Program Quality Criteria

Program Objectives – *will come out in separate correspondence*

2007 Program Boundary Statement Radon Program

For each performance-based contract program, the Division of Public Health has identified a Boundary Statement. The Boundary Statement sets the parameters of the program within which the Local Public Health Department (LPHD), Tribe or agency will need to set its objectives. The boundaries are intentionally as broad as federal and state law permit to provide maximum flexibility. However, if there are objectives or program directions that the program is not willing to consider or specific programmatic parameters, those are included in the Boundary Statement.

Program Boundary Statement:

Programs with objectives for reducing exposures to elevated indoor radon in homes are funded for two classes of agencies.

Radon Information Centers (RIC): Sixteen local health or environmental agencies which serve multiple counties will be funded to deliver eight services of a single required objective concerning: outreach, public consultation, proficiency certification, coordination with DPH, database, and field site visits.

Local health agencies other than RICs may be funded for \$3,000 outreach projects to reduce radon exposures in homes. Up to 22 agencies will be funded, based on responses to a request for proposals. The request for proposals for 2007 contracts will be sent in late summer 2006. Interested agencies will need to respond by mail with a brief project outline and proposed objective wording, and those selected will be asked to negotiate their objectives, which we will place on the "GAC". This funding is suitable for agencies having little or no prior experience with radon, as well as for experienced agencies. Agencies not funded the year before will have priority. A basic project will:

- encourage testing of homes and mitigation where appropriate, with outreach publicizing the prevalence of elevated indoor radon locally, the lung cancer risk, and the availability of cost-effective radon mitigation;
- make radon detectors available for screening and follow-up tests, with information on radon and testing;
- direct the public requesting technical information to Wisconsin's regional Radon Information Centers (888 LOW RADON) and to the comprehensive DPH radon website www.lowradon.org; and
- when follow-up testing confirms elevated exposures in occupied spaces of their homes, direct the public to qualified radon mitigation contractors, listed at the DPH radon website.

This funding is for agencies that can do the work themselves, and not ask their RIC to do it.

Long-term Program Goals: The Outcome Goal is reduction of lung cancer incidence by reducing exposures of the public to indoor radon. An Output Goal is that every home with ground contact be tested for radon, identifying those with exposures to residents averaging higher than 4 pCi/L in occupied spaces, and reducing those to far below 4 pCi/L with the mitigation method

recommended by US EPA. Another Output Goal is that new homes be built with features recommended as effective in helping to keep radon out of the indoor air.

Target Populations:

- Residents of all homes in Wisconsin having ground contact.
- Residents in regions of the Wisconsin zip-code radon map and data base where higher percentages have elevated radon.

Every home with ground contact should be tested, because: the radon in any particular home is not predictable; neighboring homes tend to have greatly dissimilar concentrations; screening tests only cost about \$10; and homes with elevated radon have been found in virtually every zip code area in Wisconsin where enough tests have been made. The only way for homeowners to know if their radon is elevated is to test.

References:Federal Regulations/Guidelines:

- US EPA: Citizen's Guide to Radon
- US EPA: Home Buyers and Sellers Guide to Radon
- US EPA: Consumers' Guide to Radon Reduction

State of Wisconsin Statutes/Administrative Rules/Guidelines:

- WI Statutes s. 254.34

Program Policies:

- Policies of the US EPA regarding measurement, mitigation and communication of risk for radon in homes, reflected in the three EPA documents listed, are to be recommended by default in Wisconsin. No others have been specified in state legislation.

Unacceptable Proposals:

For building types other than homes, outreach and advising on radon control are done only by DPH in coordination with RICs, and will not be funded. (This is because measurement protocols, interpretation of results in terms of risk, and methods of mitigation can differ from those for homes.)

Funds will not be provided to pay for radon mitigation itself.

Relationship to State Health Plan: *Healthiest Wisconsin 2010*:System Priorities:

- Community health improvement processes and plans
- Coordination of state and local public health system partnerships

State Health Plan Priorities:

- Access to primary and preventive health services
- Environmental and Occupational Health Hazards; *Environmental Radiation*

Essential Public Health Services:

- Identify, investigate, control and prevent health problems and environmental health hazards in the community
- Educate the public about current and emerging health issues
- Promote community partnerships to identify and solve health problems
- Create policies and plans that support individual and community health efforts
- Link people to needed health services

Methodology Used to Determine Health Priorities, (*Page 90 of plan*), *Environmental and occupational health hazards*: “Exposure to harmful substances in the physical environment is linked to many major adverse health outcomes. Next to tobacco smoke, environmental exposure to radon gas is the leading cause of lung cancer. ...”

2006 Program Quality Criteria Radon Program

Generally high program quality criteria for the delivery of quality and cost-effective administration of health care programs have been, and will continue to be, required in each public health program to be operated under the terms of this contract. Contractees should indicate the manner in which they will assure each criterion is met for this program. Those criteria include:

Assessment and surveillance of public health to identify community needs and to support systematic, competent program planning and sound policy development with activities focused at both the individual and community levels.

- A. Contractees must assess surveillance data (including their own data) for prevalence of homes with elevated indoor radon exposures in their regions. The Division of Public Health (DPH) radon zip-code map and database are at: www.lowradon.org.

Delivery of public health services to citizens by qualified health professionals in a manner that is family centered, culturally competent, and consistent with the best practices; and delivery of public health programs for communities for the improvement of health status.

- A. Cultural competence and other qualifications of persons delivering radon services must be the same as those of employees of local health agencies, such as environmental sanitarians and Public Health Nurses.

Record keeping for individual focused services that assures documentation and tracking of client health care needs, response to known health care problems on a timely basis, and confidentiality of client information.

- A. Contractees must maintain a database of measurements carried out by the public with agency assistance and, to the extent possible, follow cases of elevated exposures to promote appropriate interventions and outcomes. This means providing the public with detectors for which the lab will do double reporting (i.e., to the person who obtains the detector from the Contractee and the Contractee itself). However, the ability to follow-up may be limited in some instances since indoor radon is not regulated in Wisconsin and because detectors and mitigation services are available from the private sector.

Information, education, and outreach programs intended to address known health risks in the general and certain target populations to encourage appropriate decision making by those at risk and to affect policy and environmental changes at the community level.

- A. Contractees must serve as a resource for information in their region, and provide referrals when requested for technical information they can't provide. This enables residents to understand the lung cancer risk from radon, test their homes for radon, interpret test results and follow-up testing, and obtain effective radon mitigation services where appropriate.

Coordination with related programs to assure that identified public health needs are addressed in a comprehensive, cost-effective manner across programs and throughout the community.

- A. Contractees must coordinate outreach with other public health programs in their agency, adjusting services so as to fit into appropriate priorities among groups with other health needs.

A referral network sufficient to assure the timely provision of services to address identified client health care needs.

- A. Contractees must use the referral network consisting of Regional Radon Information Centers, nationally certified radon mitigation contractors, and Web sites for fast access to DPH and EPA radon information and literature. The DPH Web site is www.lowradon.org.

Provision of guidance to staff through program and policy manuals and other means sufficient to assure quality client care and cost-effective program administration.

- A. Contractees must provide guidance on radon testing and mitigation following EPA policies as recommended in EPA's booklets: Citizen's Guide to Radon, Consumer's Guide to Radon Reduction, and Home Buyers and Seller's Guide to Radon, which are readable and downloadable through the DPH radon Web site.
- B. Contractees must meet criteria of cost-effective program administration in state and local statutes, ordinances and administrative rules.

Financial management practices sufficient to assure accurate, prompt and accurate billing and payment for services provided and purchased, accurate expenditure reporting, and appropriate use of state and federal funds.

- A. Considerations of eligibility determination, pursuit of third-party insurance and Medical Assistance coverage do not apply to radon outreach funded by DPH.

Data collection, analysis, and reporting to assure program outcome goals are met or to identify program management problems that need to be addressed.

- A. Contractees must review results of radon measurements they have facilitated. To the extent practicable, Contractees must follow cases where elevated screening tests are reported. To ensure appropriate follow-up testing is done in occupied spaces where follow-up results indicate elevated exposures to occupants, Contractees must track the

cases to see that every opportunity for radon mitigation by sub-slab depressurization as recommended by the EPA is given. However, because indoor radon is not regulated in Wisconsin and because detectors and mitigation services are available from the private sector, the ability to follow-up may be limited in some instances. Contractees must summarize testing results and follow-up data in their reports to DPH.